U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 3 Name and address of person filing 4 Name, file number, and address of labor organization Name David F Ratcliff Name Communications Workers of Americal Labor Organization File Number 027-532 PO Box, Bidg Room No If any PO Box, Building and Room Number, If any Street 4174 S 118 E Av City Tulsa City Tu | 2004 a Local 6012 |
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| Name David F Ratcliff Name Communications Workers of Americal Labor Organization File Number 027-532 PO Box, Bidg Room No If any PO Box, Building and Room Number, If any Street 4174 S 118 E Av City Tulsa City Tulsa City Tulsa State Oklahoma ZiP Code + 4 74146 State Oklahoma ZiP Code + 5 President P | |
| Labor Organization File Number 027-532 PO Box, Bidg, Room No, if any PO Box, Building and Room Number, if any Street 4174 S 118 E Av Street 4174 S 118 E Av City Tulsa City Tulsa City Tulsa State Oklahoma ZiP Code + 4 74146 State Oklahoma ZiP Code + 5 Position in labor organization President | |
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| State Oklahoma ZiP Code + 4 74146 State Oklahoma ZiP Code + 5 Position in labor organization President | 4 74146 |
| President | 4 74146 |
| President | 7 /1110 |
| President | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following | |
| nonetary value from an employer whose employees your organization represents or is actively seeking to represent Name and address of Employer (including trade name, if any) 7 a Nature of Interest, Transaction, or Income | |
| Name | |
| Trade Name, if any | ' |
| PO Box, Bidg , Room No , if any | |
| 7 b Amount | |
| Street | |
| City | - |
| | - |
| State ZIP Code + 4 | |
| Signature | |
| 15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |
| | |
| Signed David Rateliff on 8-11-05 918 665 66 | |

| Name of Person Filing David Ratcliff | | File Number U- | | | |
|--|--|----------------|--------|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | | | |
| 8 Name and address of Business (including trade name, if any) Name Trade Name, if any | 9 Business deals with a Labor Organiza | ition | | | |
| P O Box, Bldg , Room No , if any Street City | b Trust | | | | |
| State ZIP Code + 4 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing | | | | |
| Trade Name, if any | | | | | |
| PO Box, Bldg , Room No , if any Street | 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received | | | | |
| Caty | | | | | |
| State ZIP Code + 4 | | | | | |
| | 12 b Amount | | | | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) | 14 a Nature of payment Travel and Lodgeing for meeting to discuss effects of new and pending legislation on Union members | | | | |
| Name Frasier, Frasier & Hickman Lawfirm Trade Name, frany | | | | | |
| P O Box, Bldg , Room No , if any | | | | | |
| Street 1700 Southwest Blvd | | | | | |
| City Tulsa | | | | | |
| State Oklahoma ZIP Code + 4 74133 | | | | | |
| 42 h In the Burnary on Employee | 14 b Amount of payment. | | A1 500 | | |